## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 33 99 Po69 CC 3

|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           | 33 11/00/00       |              |                              |                  |          |                      |                        |                               |            |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-------------------|--------------|------------------------------|------------------|----------|----------------------|------------------------|-------------------------------|------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                   |              |                              |                  |          | Small entity<br>Type |                        | Other than<br>Or small entity |            |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           | 63                |              |                              |                  |          | RATE                 | FEE                    |                               | RATE       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | NUMBER FILED      |              | NUMBER EXTRA                 |                  | 7        | BASIC FEE            | 355.00                 | OR                            | BASIC FEE  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | 63 minus 20=      |              | . 43                         |                  |          | X\$ 9=               |                        | OR                            | X\$18=     | 774                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | ✓ minus 3 =       |              | • /                          |                  |          | X40=                 |                        | OR                            | X80=       | go                     |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |                   |              |                              |                  | +135=    |                      | OR                     | +270=                         |            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                   |                                                |                                           |                   |              |                              | _                | TOTAL    |                      | OR                     | TOTAL                         | 15 Rs.     |                        |
| Claims as amended - part II                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                   |              |                              |                  |          |                      |                        | ]                             | OTHER      |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |                   |              |                              |                  | 3)       | SWALL                | ALILA —                | OR                            | SWALL      | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREVI | HEST<br>BBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
| <b>E</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Total                                          | ů                                         | Minus             | **           |                              | =                |          | X\$ 9=               |                        | OR                            | X\$18=     |                        |
| A DATE                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           | Minus ***         |              | - 01 1111                    | =                | _        | X40=                 |                        | OR                            | X80=       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF       | ENDEN        | TCLAIM                       |                  |          | +135=                |                        | OR                            | +270=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                   |              |                              |                  |          | TOTAL                |                        | OR                            | TOTAL      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | (Column 4)                                |                   | (Calu        | ımn 2)                       | (Column          | 3)       | ADDIT. FEE           | <u></u>                | <u>၂</u>                      | ADDIT. FEE | <u> </u>               |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | (Column 1)<br>CLAIMS                      |                   | HIG          | HESY                         | Î                | $\neg$   |                      | ADDI-                  | 1                             |            | ADDI-                  |
| MT BB                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREV         | MBER<br>IOUSLY<br>D FOR      | PRESENT          | r        | RATE                 | TIONAL<br>FEE          |                               | RATE       | TIONAL<br>FEE          |
| MENDMENT                                                                                                                                                                                                                                                                                                                                                                                                   | Total                                          | *                                         | Minus             | **           | 71011                        | =                |          | X\$ 9=               |                        | OR                            | X\$18=     |                        |
| REP                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                    | ÷                                         | Minus             | 000          | =                            |                  |          | X40=                 |                        | OR                            | X80=       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |              |                              |                  |          | +135=                |                        | 1                             | +270=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                   |              |                              |                  |          | TOTAL                |                        | OR                            | TOTAL      | <u> </u>               |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                   |              |                              |                  |          | ADDIT. FEE           |                        | ١١٥٠١                         | ADDIT. FEE | <u> </u>               |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Allen en e                                     | (Column 1) (Column 2) (Column 3           |                   |              |                              |                  |          | <del></del>          | <u> </u>               | า                             |            | 1 4001                 |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUI<br>PREV  | MBER<br>HOUSLY<br>D FOR      | PRESEN'<br>EXTRA | <u> </u> | RATE                 | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
| 200                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                          | •                                         | Minus             | **           |                              | =                |          | X\$ 9=               |                        | OR                            | X\$18=     |                        |
| NEW E                                                                                                                                                                                                                                                                                                                                                                                                      | Independent                                    | ٠                                         | Minus             | 000          |                              | =                |          | X40=                 |                        | OR                            | X80=       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                    | NTATION OF M                              | AULTIPLE DE       | PENDEN       | IT CLAIN                     |                  |          |                      |                        | 1                             |            | 1                      |
|                                                                                                                                                                                                                                                                                                                                                                                                            | If the entry in col-                           | ımn 1 je lece than                        | the entry in colu | ımn 2. wn    | ite "0" in œ                 | olumn 3.         |          | +135=                |                        | OR                            | TOTAL      | <u> </u>               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                   |              |                              |                  |          |                      |                        |                               |            |                        |